

TO: _____

NAME OF INSURED: _____

POLICY DATES: From _____ to _____
(both days at 12:01 a.m. Standard Time at the insured's address.)

TO THE INSURER NOTED ABOVE (check applicable company):

My insurance agent and I have discussed the types of operations performed in my business and the potential liability exposures arising from these operations.

 **I/we have elected not to purchase the insurance coverage marked by my initials * and an 'X' in the box(es) checked below:**

* _____ ☐ **Liability Coverage for Products and Completed Operations**

I have elected not to purchase liability insurance covering my/our liability for bodily injury or property damage arising out of my/our Products and Completed Operations. I understand that the airport liability policy that I am purchasing **DOES NOT INCLUDE** coverage for product liability or liability arising out of my completed service operations. I/we further understand and agree that the insurer noted above is under no obligation to provide me or any other person or organization with a defense with respect to any claims for property damage or bodily injury as the result of any occurrence claimed to arise from my/our products or completed service operations.

* _____ ☐ **Hangarkeeper's Liability Coverage**

I have elected not to purchase liability insurance covering my/our liability for damage to an aircraft in my/our care, custody or control arising out of my/our airport operations. I understand that the airport liability policy that I am purchasing **DOES NOT INCLUDE** coverage for hangarkeeper's liability. I/we further understand and agree that the insurer noted above is under no obligation to provide me or any other person or organization with a defense with respect to any claims for property damage to an aircraft claimed to arise from my/our airport operations.

Signature of Named Insured or Authorized Representative

PRINT NAME OF AUTHORIZED REPRESENTATIVE

Title

Date Signed

AP2000-DECLINATION (09/19)